

<b>Department of Veterans Affairs</b>		<b>DESIGNATION OF BENEFICIARY</b> <b>GOVERNMENT LIFE INSURANCE</b>			
DO NOT WRITE IN SPACE BELOW - FOR VA USE					
ENTERED BY	DATE	SIGNATURE OF VA INSURANCE			
1A. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES <i>(Type or print)</i>  <div style="text-align: center; margin-top: 40px;"> <hr style="width: 60%; border: 0.5px solid black;"/>   <i>(First, middle, last name)</i> </div> <div style="text-align: center; margin-top: 40px;"> <hr style="width: 60%; border: 0.5px solid black;"/>   <i>(Number and street or rural route)</i> </div> <div style="text-align: center; margin-top: 40px;"> <hr style="width: 60%; border: 0.5px solid black;"/>   <i>(City or P.O., State and ZIP Code)</i> </div>					
				2A. INSURANCE FILE NUMBER  <div style="text-align: center;">F</div>	
				2B. SOCIAL SECURITY NUMBER  	
				3. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i> (     )	
1B. IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>4. BENEFICIARY DESIGNATION</b>					
A. SHOW FULL NAME AND ADDRESS OF EACH BENEFICIARY ENTERED IN THE PRINCIPAL AND CONTINGENT BENEFICIARY AREAS BELOW		B. BENEFICIARY'S SOCIAL SECURITY NO. <i>(If known. See instruction No. 5 on reverse)</i>		C. RELATIONSHIP TO INSURED	
D. SHARE TO EACH <i>(Use fractions, such as 1/2, 2/3, or "all")</i>		E. OPTION FOR EACH <i>(1, 2, 3 OR 4)</i>			
<b>PRINCIPAL</b>					
				<b>1</b>	
				<b>1</b>	
				<b>1</b>	
				<b>1</b>	
<b>OR TO SURVIVOR(S)</b>				<b>1</b>	
<b>CONTINGENT</b>					
<i>(Person(s) who get proceeds if all of the Principal Beneficiaries die before the insured. If none, write "none")</i>					
				<b>1</b>	
				<b>1</b>	
				<b>1</b>	
				<b>1</b>	
<b>OR TO SURVIVOR(S)</b>				<b>1</b>	
5. REMARKS <i>(Include any additional information which will clarify your intent regarding the payment of your insurance. Also, list the policy number of any other policy on which the beneficiary is not to be changed)</i>					
I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.					
6. SIGNATURE OF INSURED <i>(Do not print)</i>				7. DATE	
8. NAME AND ADDRESS OF WITNESS <i>(Type or print)</i>					
If you have any questions concerning designating a beneficiary, call us toll free at 1-800-669-8477.					

## **DEPARTMENT OF VETERANS AFFAIRS GOVERNMENT LIFE INSURANCE IMPORTANT INFORMATION AND INSTRUCTIONS FOR NAMING BENEFICIARIES**

In order to protect your beneficiary(ies), it is important to keep your Beneficiary Designation up to date. A properly completed, current designation filed with your insurance records will ensure that your insurance will be paid to the person(s) you want to get it. The information and instructions on this page are provided to help you complete the Beneficiary Designation on the reverse side of this form.

1. You have the right to change the beneficiary(ies) at any time without the knowledge or consent of the prior beneficiary(ies). A state court order or divorce decree cannot restrict this right and is not binding on you.
2. You may name as beneficiary(ies) any person, firm, corporation or other legal entity including your estate.
3. This designation will cancel and replace all previous designations for all of your policies. Any policies you wish to be excluded from this designation must be listed in Remarks on the designation form.
4. When inserting a beneficiary's name, please provide the first name, middle initial, and last name. For example, use John J. Smith. For married persons, use Mary K. Smith, not Mrs. John J. Smith.
5. **DO NOT DELAY SENDING THIS DESIGNATION** if you do not have a beneficiary's social security number handy. Your designation is still valid even if you do not know the social security number, so send this designation right away. Having the beneficiary's social security number will help us locate the beneficiary.
6. If you name more than one principal or contingent beneficiary, please show the share, in fractions such as 1/2 or 1/3, etc., which each is to receive and make certain that the shares total "1". Equal shares will be paid unless you designate otherwise.
7. The figure 1 printed in the "option for each" block means that the beneficiary(ies) may choose to receive the insurance in one lump sum or in monthly payments. For information on monthly payment options call our toll-free number below.
8. The preprinted phrase "or to survivor(s)" means that the share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the other principal beneficiaries, not to any contingent beneficiaries. For information about alternatives to the automatic survivorship clause, please call our toll-free number below.
9. If no beneficiaries survive you or none are selected, the insurance proceeds will be paid to your estate.
10. **MAILING INSTRUCTIONS** - Send the form promptly upon completion to the address below. A copy will be returned to you as evidence of receipt by VA. The address is:

**VARO&IC (B&O)  
P.O. BOX 7208  
PHILADELPHIA, PA 19101**

**IF YOU HAVE ANY QUESTIONS CONCERNING YOUR GOVERNMENT LIFE INSURANCE, PLEASE  
FEEL FREE TO CALL OUR TOLL-FREE NUMBER 1-800-669-8477.**

**PRIVACY ACT INFORMATION** - No designation of beneficiary may be made unless a completed form has been received ((38 USC 1917, 1949 and 1952). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

**RESPONDENT BURDEN** - VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send comments.

**NOTE: THIS FORM IS NOT TO BE USED FOR SERVICEMEMBERS' OR VETERANS GROUP  
LIFE INSURANCE.**